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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
09/802,546	03/09/2001	3626	355	.1003	9	17	1

23589  
 HOVEY WILLIAMS LLP  
 2405 GRAND BLVD., SUITE 400  
 KANSAS CITY, MO 64108

**CONFIRMATION NO. 8651**  
**REPLACEMENT FILING**  
**RECEIPT**  
**\*OC000000017728011\***  
**\*OC000000017728011\***

Date Mailed: 12/27/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

**Applicant(s)**

Debi Whitson, Harrisonville, MO;

**Power of Attorney:** None

**Domestic Priority data as claimed by applicant**

**Foreign Applications**

**If Required, Foreign Filing License Granted:** 04/20/2001

**The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is** **US09/802,546**

**Projected Publication Date:** Not Applicable

**Non-Publication Request:** No

**Early Publication Request:** No

**\*\* SMALL ENTITY \*\***

**Title**

Process of interfacing a patient indirectly with their own electronic medical records

## **Preliminary Class**

705

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